

# UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:  
Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, DC 20231

Attorney Docket No. JEK/Rankl  
First Named Inventor (or identifier) Wolfgang RANKL  
Total Pages

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: METHOD FOR EXCHANGING AT LEAST ONE SECRET INITIAL VALUE BETWEEN A PROCESSING STATION AND A CHIP CARD

☒ 1. Submitted herewith are the following:

- 9 pages of specification.
- ☒ Abstract.
- 1 sheet(s) of drawings.
- 9 claim(s).
- ☒ Oath/Declaration unsigned by each inventor.
- ☐ signed Inventor Small Entity Statement(s).
- ☐ signed non-Inventor Small Entity Statement(s).
- ☐ signed Small Business Small Entity Statement(s).
- ☐ signed Non-Profit Small Entity Statement(s).
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement(s).
- ☐ pages of Form PTO-1449, and one copy of each document listed thereon.
- ☐ Assignment of the invention, Cover Sheet, and payment of the \$ \_\_\_\_\_ recordal fee.
- ☐ certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.
- ☒ check in the amount of \$ 690.00 including any assignment recordal fee.

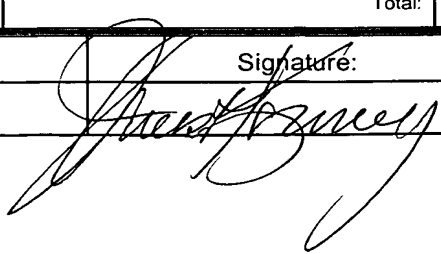
☒ 2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

☐ 3. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -

☐ 4. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -

☐ 5. Other: \_\_\_\_\_.

## THE FILING FEE IS CALCULATED AS FOLLOWS:

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$690.00	
Total Claims:	9	- 20 =		X \$18 =		
Independent Claims:	1	- 3 =		X \$78 =		
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176				Multiple Dependent Claim (add \$260.00):		
				Subtotal:		690.00
				50% Reduction if Small Entity Status:		
Phone: 703-683-0500		Fax: 703-683-1080		Total:	690.00	
Date:	Name:			Signature:	Reg. No.	
26 January 2000	J. ERNEST KENNEY				19,179	